

COMPLIANCE CHECKLIST▷ **Hospital Outpatient Departments**▷ **Medical Clinics**

A separate Checklist must be completed for each outpatient suite.

The following Checklist is for plan review of clinics and hospital outpatient facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

Dates:

.....

Initial:

Facility Address:

Revisions:

.....

Satellite Name: (if applicable)

DON Identification: (if applicable)

.....

Satellite Address: (if applicable)

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Project Reference:

Building/Floor Location:

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ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**OUTPATIENT SUPPORT AREAS

Note: Compliance Checklist OP1 must be completed and attached to this Checklist.

9.2.B CLINICAL FACILITIES

- 9.2.B1 ☐ Exam rooms
- ☐ min. 80 sf
 - ☐ min. 2'-8" clearance at sides & foot of exam table
 - ☐ charting counter/shelf

- 9.2.B3 ☐ Treatment rooms
- ☐ check if service not included in project
 - ☐ min. 120sf
 - ☐ min. dimension 10'-0"

- 9.2.B5 ☐ Nurse station
- ☐ work counter
 - ☐ space for supplies
 - ☐ charting space

- 9.2.B6 ☐ Drug distribution station
- ☐ check if service not included in project
 - ☐ work counter
 - ☐ locked storage
 - ☐ refrigerator
 - ☐ under visual supervision from staff station
- Policy

- 7.17 ☐ Pharmacy
- ☐ check if service not included in project
 - ☐ located for convenient access, staff control & security
 - ☐ dispensing

- 7.17.B ☐ pickup & receiving area
- 7.17.B1 ☐ reviewing & recording area
- 7.17.B2 ☐ extemporaneous compounding area
- 7.17.B3 ☐ counter space for drug preparation
- 7.17.B4 ☐ work counters & space for dispensing activities
- 7.17.B6 ☐ security provisions in dispensing counter area
- 7.17.C ☐ manufacturing

- ☐ check if service not included in project
- 7.17.C1 ☐ bulk compounding area
- 7.17.C2 ☐ provisions for packaging & labeling
- 7.17.C3 ☐ quality control area
- 7.17.D ☐ storage (i.e. cabinets, shelves, rooms or closets)
- 7.17.D1 ☐ bulk storage
- 7.17.D2 ☐ active storage
- 7.17.D3 ☐ refrigerated storage
- 7.17.D4 ☐ fireproof storage for alcohol & volatile fluids
- 7.17.D5 ☐ secure storage for narcotics & controlled drugs
- 7.17.D6 ☐ storage for supplies & equipment not in use
- 7.17.E ☐ administration
- 7.17.E2 ☐ poison control, reaction data, & drug information centers
- 7.17.E3 ☐ administrative office or area
- 7.17.E4 ☐ space for patient counseling & instruction
- 7.17.E5 ☐ multipurpose room for education & training
- 7.17.F2 ☐ convenient access to staff lockers & toilets

- ☐ Handwashing station
- ☐ Vent. min. 6 air ch./hr
- ☐ Portable or fixed exam light
- ☐ Min. 2 el. duplex receptacles

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- ☐ Vent. min. 6 air ch./hr
- ☐ Portable or fixed exam light
- ☐ Min. 2 el. duplex receptacles

- ☐ Duplex receptacle(s)
- ☐ Communications system

- ☐ Handwashing station
- ☐ Duplex receptacle(s)

- ☐ Sink
- ☐ Vent. min. 4 air ch./hr

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

Vent. min. 4 air ch./hr

- ___ Handwashing station
- ___ Clinical flushing-rim sink
- ___ Vent. min. 10 air ch./hr
 - ___ negative pressure
 - ___ air exhausted to outdoors
- ___ Duplex receptacle(s)

___ Sink

___ Handwashing station

___ Vent. min. 10 air ch./hr (exhaust)

Sink

Handwashing station

Vent. min. 10 air ch./hr (exhaust)

____ Handwashing station
Vent. min. 6 air ch./hr

- _____ Blood collection station
- _____ patient seating space
- _____ work counter
- _____ storage cabinets

— Sinks
— Electrical receptacles

Sinks equipped for handwashing

___ Autoclave or elec. oven for terminal sterilization of contaminated specimens before transport

___ Ventilation provided as per 7.31.D1.c

____ Fume hoods provided as per 7.31.D15

____ office(s)
____ clerical and filing area(s)

GENERAL STANDARDSDetails and Finishes

- Outpatient corridors (9.2.H1.a)
 - ☐ min. corridor width 5'-0"
- Staff corridors
 - ☐ min. corridor width 44"
- ☐ Two remote exits from each outp. facility suite & floor
- ☐ Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)
- ☐ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project
- Doors:
 - ☐ doors min. 3'-0" wide (9.2.H1.d)
 - ☐ all doors are swing-type (Policy)
 - ☐ doors do not swing into corridor (Policy)
- ☐ Glazing (9.2.H1.e):
 - ☐ safety glazing or no glazing under 60" AFF & within 12" of door jamb
- ☐ Thresholds & expansion joints flush with floor surface
- ☐ Handwashing stations located for proper use & operation (9.2.H1.g)
 - ☐ min. 15" from centerline to side wall (Policy)
- Vertical clearances (9.2.H1.j):
 - ☐ ceiling height min. 7'-10", except:
 - ☐ 7'-8" in corridors, toilet rooms, storage rooms
 - ☐ sufficient for ceiling mounted equipment
 - ☐ min. clearance 6'-8" under suspended pipes/tracks
- Floors (9.2.H2.c):
 - ☐ floors easily cleanable & wear-resistant
 - ☐ washable flooring in rooms equipped with handwashing stations (Policy)
 - ☐ non-slip floors in wet areas
 - ☐ wet cleaned flooring resists detergents
- Walls (9.2.H2.d):
 - ☐ wall finishes are washable
 - ☐ smooth/water-resist. finishes at plumbing fixtures

Mechanical (9.31.D)

- ☐ Mech. ventilation provided per Table 7.2
- ☐ Exhaust fans located at discharge end
- ☐ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ☐ Contaminated exhaust outlets located above roof
- ☐ Ventilation openings at least 3" above floor
- ☐ Central HVAC system filters provided per Table 9.1

Plumbing (9.31.E)

- Handwashing station equipment
 - ☐ handwashing sink
 - ☐ hot & cold water
 - ☐ single lever or wrist blades faucet
 - ☐ soap dispenser
 - ☐ hand drying facilities
- Sink controls (9.31.E1):
 - ☐ hands-free controls at all handwashing sinks
 - ☐ blade handles max. 4½" long
 - ☐ blade handles at clinical sinks min 6" long
- ☐ Non-slip walking surface at tubs & showers

Electrical (9.32)

- ☐ All occupied building areas shall have artificial lighting (9.32.D3)
- ☐ Emergency power complies with NFPA 99, NFPA 101 & NFPA 110 (9.32.H)

NOTE: Soiled Workroom Waiver

The following components are required in the soiled workroom, for clinics by licensure regulations, and for hospital departments or satellites by DPH policy:

- a. Space for holding of solid waste and soiled linen.
- b. Handwashing station.
- c. Work counter or shelf.
- d. Clinical flushing-rim sink.

In order to approve a waiver for the omission of the soiled workroom or any of its components, this Division's clinical staff will need to review the information identified below to verify that functional needs will be met in the facility:

- (1) types of diagnostic and treatment services provided;
- (2) number of exam rooms available, projected number of patients per day/week;
- (3) types of specimen testing performed on site (e.g. urine, blood);
- (4) types of medical equipment utilized at the facility (e.g. suture kits, endoscopic equipment);
- (5) use of disposable vs. non-disposable equipment;
- (6) methods of sterilization utilized by the facility (e.g. steam, gas, chemical); location of area designated for cleaning and processing of soiled medical equipment; if off-site processing, location of area designated for holding of soiled equipment;
- (7) identification of the method and location of solid/fluid waste storage and disposal, including sharps; and
- (8) identification of soiled linen and trash holding areas.